REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/684,152
Filing Date	10/10/2003
First Named Inventor	Allan O. Devantier
Art Unit	2614
Examiner Name	George C. Monikang
Attorney Docket No.	11336/434 (P03060US)
Confirmation No.	2307

To: Commissioner For Patents
PO Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above-identified application, and

☐ all the practitioners of record.

☐ the practitioners (with registration numbers) of record listed on the attached paper(s), or

☒ the practitioners of record associated with Customer No.:

81166

> *NOTE: The immediately preceding box should only be checked when the practitioners of record in the application were appointed using the listed Customer Number.*

The reason(s) for this request are those described in 37 CFR:

☐ 10.40(b)(1)	☐ 10.40(b)(2)	☐ 10.40(b)(3)	☒ 10.40(b)(4)
☐ 10.40(c)(1)(i)	☐ 10.40(c)(1)(ii)	☐ 10.40(c)(1)(iii)	☐ 10.40(c)(1)(iv)
☐ 10.40(c)(1)(v)	☐ 10.40(c)(1)(vi)	☐ 10.40(c)(2)	☐ 10.40(c)(3)
☐ 10.40(c)(4)	☐ 10.40(c)(5)	☐ 10.40(c)(6)**	

**Please explain 10.40(c)(6) below:

CERTIFICATIONS

Check each box below that is factually correct.
WARNING: If a box is left unchecked, the request will likely not be approved.

1. ☒ We have given reasonable notice to the client, prior to the expiration of any response period we are aware of, that the practitioner(s) intend to withdraw from employment.

2. ☒ We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) that we are presently aware of to which the client is entitled.

3. ☒ To the best of our knowledge we have notified the client of any responses that may be due and the timeframe within which the client must respond.

Please provide an explanation, if necessary:

Robert Hart, Esq. is a representative of the Assignee for this case. A Change of Correspondence Address with the Address of Assignee's representative Robert Hart is provided herewith.

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AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that is properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:
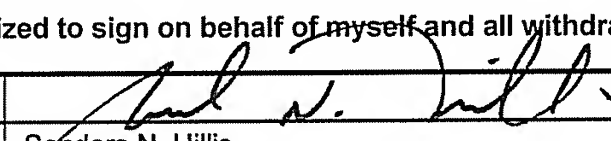
A. ☐ The address of the inventor or assignee associated with Customer No.:

OR

B. ☒ Inventor or Assignee Name	Harman International Industries, Incorporated c/o Robert Hart					
Address	8500 Balboa Boulevard					
City	Northridge	State	CA	Zip	91329	
Country	US	Tel #		Emai	`	

I am authorized to sign on behalf of myself and all withdrawing attorney(s)/agents(s).

Signature	*[signature]*				
Name	Sanders N. Hillis	Registration No.	45,712		
Address	201 N. Illinois Street, Suite 1100				
City	Indianapolis	State	IN	Zip	46204
Country	US	Tel #	317-636-0886	Date	August 25, 2009

Note: Withdrawal is effective when approved rather than when received.